



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Box Elder Public Schools | Legal Entity Number 0425 0426 |
| Route # 1 | Length of Route (miles per day) 57 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 65 |
| Vehicle I.D. # 5913 | License # 576 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0426 | Legal Entity 0425 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Box Elder Public Schools | Legal Entity Number 0425 0426 |
| Route # 7 A | Length of Route (miles per day) 60 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 12 |
| Vehicle I.D. # 6514 | License # 470 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

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|----------------------|----------------------|--------------|--------------|
| Legal Entity 0425 | Legal Entity 0426 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Box Elder Public Schools | Legal Entity Number 0425 0426 |
| Route # 6 | Length of Route (miles per day) 46 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 2714 | License # 663 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0425 | Legal Entity 0426 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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October 15

Rate Per Mile
\$1.36

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Box Elder Public Schools | Legal Entity Number 0425 0426 |
| Route # 5 | Length of Route (miles per day) 82 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 65 |
| Vehicle I.D. # 0026 | License # 550 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0425 | Legal Entity 0426 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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Rate Per Mile
\$1.36

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Box Elder Public Schools | Legal Entity Number 0425 0426 |
| Route # 5 A | Length of Route (miles per day) 82 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 65 |
| Vehicle I.D. # 0026 | License # 550 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0425 | Legal Entity 0426 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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| TOTAL ELIGIBLE RIDERS | | | |
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Rate Per Mile
\$0.95

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Box Elder Public Schools | Legal Entity Number 0425 0426 |
| Route # 4 | Length of Route (miles per day) 78 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 12 |
| Vehicle I.D. # 6514 | License # 470 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0425 | Legal Entity 0426 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
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| TOTAL ELIGIBLE RIDERS | | | |
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\$1.80

| | | | | |
|------------------------|---------------------------------------|--|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Box Elder Public Schools | Legal Entity Number 0425 0426 |
| Route # 3 | Length of Route (miles per day) 69 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 0298 | License # 593 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0425 | Legal Entity 0426 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
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| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
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| | | | | |
|------------------------|---------------------------------------|---|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Box Elder Public Schools | Legal Entity Number 0425 0426 |
| Route # 2 | Length of Route (miles per day) 65 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 7001 | License # 702 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0425 | Legal Entity 0426 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Box Elder Public Schools | Legal Entity Number 0425 0426 |
| Route # 7 | Length of Route (miles per day) 44 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 8028 | License # 608 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0425 | Legal Entity 0426 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---------------------------|---|---|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-12A-44.6 | Length of Route (miles per day) 44.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 78 |
| Vehicle I.D. # 7490 | License # 251 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|--------------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-11-44.8 | Length of Route (miles per day) 44.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 4716 | License # 364 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-8-41 | Length of Route (miles per day) 41 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 9690 | License # 680 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-3-42 | Length of Route (miles per day) 42 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1819 | License # 322 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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| TOTAL RIDERS | | | |

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Date

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Date



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Helena, MT 59620-2501

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School Year 2003 - 2004

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1 copy School District

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Due Dates:
All Routes

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October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|--------------------------|---|---|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-3A-65.6 | Length of Route (miles per day) 65.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 7426 | License # 322 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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Date

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Date



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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-4-73.4 | Length of Route (miles per day) 73.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 5498 | License # 0664 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
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| TOTAL ELIGIBLE RIDERS | | | |
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| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------|---|---|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-5-73.4 | Length of Route (miles per day) 73.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 5498 | License # 0664 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|------------------------|---------------------------------------|--|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-7-73 | Length of Route (miles per day) 73 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 3237 | License # 164 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--------------------------|---|---|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-12-45.6 | Length of Route (miles per day) 45.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 78 |
| Vehicle I.D. # 7490 | License # 251 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------|---|--|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-1-52.8 | Length of Route (miles per day) 52.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 4717 | License # 65 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|--------------------------|---|--|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-3D-53.3 | Length of Route (miles per day) 53.3 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1819 | License # 322 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
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Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-2-48 | Length of Route (miles per day) 48 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 54 |
| Vehicle I.D. # 1820 | License # 393 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Date



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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-3C-47 | Length of Route (miles per day) 47 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1819 | License # 322 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|------------------------|--|--|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-6-183 | Length of Route (miles per day) 183 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 48 |
| Vehicle I.D. # 6067 | License # 106 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Date



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PO Box 202501
Helena, MT 59620-2501

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for Registration of School Bus &
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School Year 2003 - 2004

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1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--------------------------|--|--|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-4-137.2 | Length of Route (miles per day) 137.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 3236 | License # 395 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|---------------------------------|---|--|--|---|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-6-191.4 | Length of Route (miles per day) 191.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 48 |
| Vehicle I.D. # 6067 | License # 106 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-10-93 | Length of Route (miles per day) 93 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 4110 | License # 95 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Havre Public Schools | Legal Entity Number 0427 0428 |
| Route # 12-16-9-88.6 | Length of Route (miles per day) 88.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 48 |
| Vehicle I.D. # 1458 | License # 117 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0427 | Legal Entity 0428 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|-------------------------------|--|--|--|------------------------------------|
| County Name Hill | | County Number 21 | District Name Cottonwood Elementary | Legal Entity Number 0445 |
| Route # 12-57-1 | Length of Route (miles per day) 89.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 47 |
| Vehicle I.D. # 8653 | License # 435 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0445 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|-------------------------------|---|--|--|------------------------------------|
| County Name Hill | | County Number 21 | District Name Cottonwood Elementary | Legal Entity Number 0445 |
| Route # 12-57-2A | Length of Route (miles per day) 141.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 24 |
| Vehicle I.D. # 4044 | License # 435 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0445 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|-------------------------------|---|--|--|------------------------------------|
| County Name Hill | | County Number 21 | District Name Cottonwood Elementary | Legal Entity Number 0445 |
| Route # 12-57-2 | Length of Route (miles per day) 156 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 24 |
| Vehicle I.D. # 4044 | License # 435 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0445 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|-------------------------------|--|--|--|------------------------------------|
| County Name Hill | | County Number 21 | District Name Cottonwood Elementary | Legal Entity Number 0445 |
| Route # 12-57-1A | Length of Route (miles per day) 43.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 47 |
| Vehicle I.D. # 8653 | License # 435 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0445 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Rocky Boy Public Schools | Legal Entity Number 1207 1229 |
| Route # 1 | Length of Route (miles per day) 24.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 6998 | License # 703 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1207 | Legal Entity 1229 | Legal Entity | Legal Entity |
| % 80.00 | % 20.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Rocky Boy Public Schools | Legal Entity Number 1207 1229 |
| Route # 2 | Length of Route (miles per day) 29.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 6211 | License # 556 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1207 | Legal Entity 1229 | Legal Entity | Legal Entity |
| % 80.00 | % 20.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Rocky Boy Public Schools | Legal Entity Number 1207 1229 |
| Route # 6 | Length of Route (miles per day) 50 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 9541 | License # 308 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1207 | Legal Entity 1229 | Legal Entity | Legal Entity |
| % 80.00 | % 20.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Rocky Boy Public Schools | Legal Entity Number 1207 1229 |
| Route # 5 | Length of Route (miles per day) 55.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 4303 | License # 696 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1207 | Legal Entity 1229 | Legal Entity | Legal Entity |
| % 80.00 | % 20.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Rocky Boy Public Schools | Legal Entity Number 1207 1229 |
| Route # 8 Sp Ed | Length of Route (miles per day) 74.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 12 |
| Vehicle I.D. # 3938 | License # 697 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1207 | Legal Entity 1229 | Legal Entity | Legal Entity |
| % 80.00 | % 20.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|------------------------|---------------------------------------|--|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Rocky Boy Public Schools | Legal Entity Number 1207 1229 |
| Route # 7 | Length of Route (miles per day) 88 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 5267 | License # 609 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1207 | Legal Entity 1229 | Legal Entity | Legal Entity |
| % 80.00 | % 20.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Rocky Boy Public Schools | Legal Entity Number 1207 1229 |
| Route # 4 | Length of Route (miles per day) 21.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 59 |
| Vehicle I.D. # 8869 | License # 660 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1207 | Legal Entity 1229 | Legal Entity | Legal Entity |
| % 80.00 | % 20.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|------------------------|---|---|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Rocky Boy Public Schools | Legal Entity Number 1207 1229 |
| Route # 3 | Length of Route (miles per day) 20.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 9264 | License # 588 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1207 | Legal Entity 1229 | Legal Entity | Legal Entity |
| % 80.00 | % 20.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|------------------------|---|--|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Kremlin-Gildford Pub Schls | Legal Entity Number 1208 1209 |
| Route # 3k | Length of Route (miles per day) 21.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 9855 | License # 630 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 1208 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|------------------------|---|--|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Kremlin-Gildford Pub Schls | Legal Entity Number 1208 1209 |
| Route # 1c | Length of Route (miles per day) 10.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 9855 | License # 630 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 1208 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|------------------------|---|---|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Kremlin-Gildford Pub Schls | Legal Entity Number 1208 1209 |
| Route # 4a | Length of Route (miles per day) 10.6 | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | | Rated Capacity 72 |
| Vehicle I.D. # 9855 | License # 630 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 1208 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date



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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|------------------------|---|---|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Kremlin-Gildford Pub Schls | Legal Entity Number 1208 1209 |
| Route # 1-B | Length of Route (miles per day) 10.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 9855 | License # 630 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1208 | Legal Entity 1209 | Legal Entity | Legal Entity |
| % 40.00 | % 60.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
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State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Hill | | County Number 21 | District Name Kremlin-Gildford Pub Schls | Legal Entity Number 1208 1209 |
| Route # 4-B | Length of Route (miles per day) 10.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 9855 | License # 630 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1208 | Legal Entity 1209 | Legal Entity | Legal Entity |
| % 50.00 | % 50.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|------------------------|---|--|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Kremlin-Gildford Pub Schls | Legal Entity Number 1208 1209 |
| Route # 1-A | Length of Route (miles per day) 25.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 9855 | License # 630 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1208 | Legal Entity 1209 | Legal Entity | Legal Entity |
| % 70.00 | % 30.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|------------------------|---|--|---|----------------------------------|
| County Name Hill | | County Number 21 | District Name Kremlin-Gildford Pub Schls | Legal Entity Number 1208 1209 |
| Route # 4-C | Length of Route (miles per day) 25.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 9855 | License # 630 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 1208 | Legal Entity 1209 | Legal Entity | Legal Entity |
| % 70.00 | % 30.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
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State Reimbursement
School Year 2003 - 2004

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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

| | | | | |
|-------------------------------|--|--|--|------------------------------------|
| County Name Hill | | County Number 21 | District Name Blue Sky K-12 Schools | Legal Entity Number 1220 |
| Route # 12-K-3 | Length of Route (miles per day) 31.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 54 |
| Vehicle I.D. # 5554 | License # 433 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 1220 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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| TOTAL RIDERS | | | |

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Office of Public Instruction
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PO Box 202501
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Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|------------------------|---|---|---|-----------------------------|
| County Name Hill | | County Number 21 | District Name Blue Sky K-12 Schools | Legal Entity Number 1220 |
| Route # 12-K-1 | Length of Route (miles per day) 94.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 21 |
| Vehicle I.D. # 6142 | License # E448 | <input type="checkbox"/> District Owned Contractor Owned <input type="checkbox"/> Contract - If so, Name of Owner Toner's Tire Rama <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 1220 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|--------------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|------------------------|--|---|---|-----------------------------|
| County Name Hill | | County Number 21 | District Name Blue Sky K-12 Schools | Legal Entity Number 1220 |
| Route # 12-K-4 | Length of Route (miles per day) 167.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 35 |
| Vehicle I.D. # 2974 | License # F41 | <input type="checkbox"/> District Owned Contractor Owned <input type="checkbox"/> Contract - If so, Name of Owner Dan Horinek <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 1220 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|------------------------|--|---|---|-----------------------------|
| County Name Hill | | County Number 21 | District Name Blue Sky K-12 Schools | Legal Entity Number 1220 |
| Route # 12-K-4a | Length of Route (miles per day) 171.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 35 |
| Vehicle I.D. # 2974 | License # F41 | <input type="checkbox"/> District Owned Contractor Owned <input type="checkbox"/> Contract - If so, Name of Owner Dan Horinek <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 1220 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
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| Additional Wheelchairs (WC) | | | |
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To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|------------------------|--|---|---|-----------------------------|
| County Name Hill | | County Number 21 | District Name Blue Sky K-12 Schools | Legal Entity Number 1220 |
| Route # 12-K-2 | Length of Route (miles per day) 103 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 22 |
| Vehicle I.D. # 1714 | License # E447 | <input type="checkbox"/> District Owned Contractor Owned <input type="checkbox"/> Contract - If so, Name of Owner Toner's Tire Rama <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 1220 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date